

Annual Report for the year: 206 - Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	12.5		· · · ·				
11. Crisity 13 Nonther	2. Exact name of the Limited Liability Company						
110 CV		AARGO, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
<u> </u>	REAL ESTATE						
5. State of Formation							
AI							
6. Principal Office Address			City	State	Zip		
56 PINEST. 30AFL			PROVIDENCE:	- RF	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Tom CARTER			Contact Title				
Street Address 56 PIN	E 54	3MFC	CA PROVISER	KE State RT	Zip 02503		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zp	City	State	Žip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I de	clare and affi	rm that I have exam	nined this report, including	anv accompanvin	g schedules and		
statements, and that all state	ments contai	ned herein are true	and correct.		3		
Name of Authorized Person				Date			
SIMI -				9- :	4-2018		
Signature of Authorized Person							
THE PAY OF CALMING METHOD							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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